

TRAVEL EXPENSE REIMBURSEMENT 2019

Name:]							iployee #		
Division									Ove	rnight Stay	YES NO (C	IRCLE ONE)
		DESTINATION:	PRIVATE AUTO		UTO	O MEALS			HOTEL/	OTHER EXPENSES		DAILY
DATE	PURPOSE	PLACE, CITY & STATE	MILES	RATE	AMT	AM	NOON	PM	MOTEL	\$	DESCRIPTION	TOTAL
				0.580								
				0.580								
				0.580								
				0.580								
				0.580								
				0.580								
				0.580								
				0.580								
				0.580								
				0.580						-		
				_							GRAND TOTAL	
					Account D	istribution i	if NOT Dept	Key & Ob	6605 or 6610			For Payroll
EMPLOYEE SIGNATURE DATE			•	Ţ	Ke			ject	Amount			Use
				}								3440
AUTHORIZED SIGNATURE DATE			-	}								3441 3442
ACTIONIES GIONATONE DATE				L		Total						3443
NOTE: A	Attach required	itemized receipts, ho	tel bills	, confer	ence regi	stration	s, etc				·	

MEALS NOT INCLUDED IN CONFERENCE/SEMINAR FEES REIMBURSED AT PER DIEM GSA RATES.

Rates found in IRS PUB. 1542 or at www.gsa.gov/portal/category/21287